GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 07R-121

BRIEF TITLE AP	PROVED DEADLINE	REASON
Social Security Administration Agreement		
DETAILS		POSITIONS/RECOMMENDATIONS
Agreement between the Health Department and the Social Security Administration to obtain information between the Social Security Administration and the Nebraska Department of Health and Human Services. 7/1/07-12/31/09.	1	
	Applicants/ Proponents	Applicant
		City Department
		Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals
		Basis of Opposition
	Staff Recommendations	For Against Reason Against
	Board or Commission Recommendation	BY For Against No Action Taken For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	Pass Pass (As Amended) Council Sub. Without Recommendation Hold Do not Pass

DETAILS	POLICY/PRO	OGRAM IMPACT	
	POLICY OR PROGRAM CHANGE	□ NO □ YES	
	OPERATIONAL IMPACT ASSESSMENT		
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$	
		RELATED annual operating Costs \$	
		INCREASE REVENUE EXPECTED/YEAR \$	
	SOURCE OF FUNDS	CITY [Approximately] \$\$\$\$ NON CITY [Approximately] \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	%%%%%
	BENEFIT COST Front Foot	A	
		Average Asses	ssment

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D.

Health Director

REVIEW BY:

REFERENCE NUMBER